

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

House Majority PAC

ADDRESS (number and street)

700 13th Street, NW

Suite 600

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00495028

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☒July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

06

14

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Candace Bryan Abbey

Signature of Treasurer

Electronically Filed by Candace Bryan Abbey

Date

07

31

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
House Majority PAC

Report Covering the Period: From:

M	M
0	6

D	D
1	4

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011	0.00
(b) Cash on Hand at Beginning of Reporting Period	226946.29	
(c) Total Receipts (from Line 19)	185000.00	985000.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	411946.29	985000.00
7. Total Disbursements (from Line 31)	141156.20	714209.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	270790.09	270790.09
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	30777.03	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
House Majority PAC

Report Covering the Period:

From:

M	M
0	6

D	D
1	4

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	735000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	735000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	185000.00	250000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	185000.00	985000.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	185000.00	985000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	185000.00	985000.00

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	30879.84	120606.30	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	30879.84	120606.30	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	110276.36	593603.61	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	141156.20	714209.91	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	141156.20	714209.91	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	185000.00	985000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	185000.00	985000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	30879.84	120606.30
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	30879.84	120606.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 19

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

House Majority PAC

A.

Full Name (Last, First, Middle Initial)

Service Employees International Union COPE

Mailing Address 1800 Massachusetts Avenue, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C

C00004036

Name of Employer

Occupation

Receipt For:

☐ ☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

185000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 1

Transaction ID: C7478436

Amount of Each Receipt this Period

185000.00

SUBTOTAL of Receipts This Page (optional)

185000.00

TOTAL This Period (last page this line number only)

185000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
House Majority PAC

A. Full Name (Last, First, Middle Initial) Alixandria Lapp	Transaction ID: D559060 Date of Disbursement																				
Mailing Address 114 S. Cherry Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	1												
City Falls Church State VA Zip Code 22046	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">5152.19</td> </tr> </table>	5152.19																			
5152.19																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: D559070 Date of Disbursement																				
Mailing Address 3060 Williams Drive Suite 200	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	1												
City Fairfax State VA Zip Code 22031	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Services	<table border="1"> <tr> <td colspan="10">62.01</td> </tr> </table>	62.01																			
62.01																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Matthew C. Fuentes	Transaction ID: D559063 Date of Disbursement																				
Mailing Address 2929 Connecticut Avenue, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	1	1												
City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">1318.58</td> </tr> </table>	1318.58																			
1318.58																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6532.78

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
House Majority PAC

A. Full Name (Last, First, Middle Initial) Matthew C. Fuentes	Transaction ID: D559064 Date of Disbursement																				
Mailing Address 2929 Connecticut Avenue, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	1												
City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">1318.58</td> </tr> </table>	1318.58																			
1318.58																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: D559076 Date of Disbursement																				
Mailing Address 3060 Williams Drive Suite 200	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	1												
City Fairfax State VA Zip Code 22031	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Taxes	<table border="1"> <tr> <td colspan="10">3458.81</td> </tr> </table>	3458.81																			
3458.81																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Kieloch Consulting, Inc.	Transaction ID: D559067 Date of Disbursement																				
Mailing Address 228 Second Street, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	9		2	0	1	1												
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement Fundraising Consulting Services	<table border="1"> <tr> <td colspan="10">10000.00</td> </tr> </table>	10000.00																			
10000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

14777.39

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
House Majority PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 3060 Williams Drive Suite 200</p> <p>City Fairfax State VA Zip Code 22031</p> <p>Purpose of Disbursement Payroll Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D559077</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 5 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>88.51</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 3060 Williams Drive Suite 200</p> <p>City Fairfax State VA Zip Code 22031</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D559078</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 5 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>3816.47</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Georgetown Post</p> <p>Mailing Address 3299 K Street Suite 101</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D559069</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 3 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>500.00</div> </p>

SUBTOTAL of Disbursements This Page (optional)

4404.98

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

House Majority PAC

A.

Full Name (Last, First, Middle Initial)

Alixandria Lapp

Mailing Address 114 S. Cherry Street

City State Zip Code
Falls Church VA 22046

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D559059

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5152.19

SUBTOTAL of Disbursements This Page (optional)

5152.19

TOTAL This Period (last page this line number only)

30867.34

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 11 / 19

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
House Majority PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Murphy Vogel Askew Reilly LLC

Nature of Debt (Purpose):
Media Production Costs

Mailing Address 901 N. Washington Street
Suite 400

City Alexandria **State** VA **ZIP Code** 22314

Outstanding Balance Beginning This Period

0.00

Transaction ID: D560930

Amount Incurred This Period

30777.03

Payment This Period

0.00

Outstanding Balance at Close of This Period

30777.03

1) **SUBTOTALS** This Period This Page (optional)..... ▶

30777.03

2) **TOTALS** This Period (last page this line number only)..... ▶

30777.03

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

30777.03

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 12 / 19

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) House Majority PAC		FEC IDENTIFICATION NUMBER ▼ C C00495028	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Waterfront Strategies		Date MM / DD / YYYY 06 / 24 / 2011	
Mailing Address 1010 Wisconsin Avenue, NW Suite 800		Amount 5227.26	
City State Zip Code Washington DC 20007		Transaction ID: D551891	
Purpose of Expenditure Radio Advertising		Office Sought: <input checked="" type="checkbox"/> House State: AR <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Eric Alan Rick Crawford		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13240.92		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2012	
Full Name (Last, First, Middle, Initial) of Payee Waterfront Strategies		Date MM / DD / YYYY 06 / 24 / 2011	
Mailing Address 1010 Wisconsin Avenue, NW Suite 800		Amount 19237.50	
City State Zip Code Washington DC 20007		Transaction ID: D551892	
Purpose of Expenditure Radio Advertising		Office Sought: <input checked="" type="checkbox"/> House State: AR <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: John T. Griffin		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 20843.31		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2012	
(a) SUBTOTAL of Itemized Independent Expenditures		24464.76	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Candace Bryan Abbey Signature		Date MM / DD / YYYY 07 / 31 / 2011	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) House Majority PAC		FEC IDENTIFICATION NUMBER C C00495028	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Waterfront Strategies		Date MM / DD / YYYY 06 / 24 / 2011	
Mailing Address 1010 Wisconsin Avenue, NW Suite 800		Amount 11075.10	
City State Zip Code Washington DC 20007		Transaction ID: D551893	
Purpose of Expenditure Radio Advertising		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Scott R. Tipton		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 12280.95		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2012	
Full Name (Last, First, Middle, Initial) of Payee Waterfront Strategies		Date MM / DD / YYYY 06 / 24 / 2011	
Mailing Address 1010 Wisconsin Avenue, NW Suite 800		Amount 7001.50	
City State Zip Code Washington DC 20007		Transaction ID: D551894	
Purpose of Expenditure Radio Advertising		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Robert T. Schilling		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8569.18		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2012	
(a) SUBTOTAL of Itemized Independent Expenditures		18076.60	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Candace Bryan Abbey Signature		Date MM / DD / YYYY 07 / 31 / 2011	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) House Majority PAC		FEC IDENTIFICATION NUMBER C C00495028	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Waterfront Strategies		Date MM / DD / YYYY 06 / 24 / 2011	
Mailing Address 1010 Wisconsin Avenue, NW Suite 800		Amount 6184.50	
City Washington State DC Zip Code 20007		Transaction ID: D551895	
Purpose of Expenditure Radio Advertising		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7710.35		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2012	
Full Name (Last, First, Middle, Initial) of Payee Waterfront Strategies		Date MM / DD / YYYY 06 / 24 / 2011	
Mailing Address 1010 Wisconsin Avenue, NW Suite 800		Amount 24305.75	
City Washington State DC Zip Code 20007		Transaction ID: D551896	
Purpose of Expenditure Radio Advertising		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Joe Heck		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 42293.76		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2012	
(a) SUBTOTAL of Itemized Independent Expenditures		30490.25	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Candace Bryan Abbey Signature		Date MM / DD / YYYY 07 / 31 / 2011	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) House Majority PAC		FEC IDENTIFICATION NUMBER C C00495028	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Waterfront Strategies		Date MM / DD / YYYY 06 / 24 / 2011	
Mailing Address 1010 Wisconsin Avenue, NW Suite 800		Amount 16344.75	
City State Zip Code Washington DC 20007		Transaction ID: D551897	
Purpose of Expenditure Radio Advertising		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Charles F. Bass		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 32821.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2012	
Full Name (Last, First, Middle, Initial) of Payee Waterfront Strategies		Date MM / DD / YYYY 06 / 24 / 2011	
Mailing Address 1010 Wisconsin Avenue, NW Suite 800		Amount 20900.00	
City State Zip Code Washington DC 20007		Transaction ID: D551898	
Purpose of Expenditure Television Advertising		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Raymond J. Cravaack		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 47376.11		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2012	
(a) SUBTOTAL of Itemized Independent Expenditures		37244.75	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Candace Bryan Abbey Signature		Date MM / DD / YYYY 07 / 31 / 2011	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) House Majority PAC		FEC IDENTIFICATION NUMBER ▼ C C00495028	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Murphy Vogel Askew Reill		Date MM / DD / YYYY 06 / 24 / 2011	
Mailing Address 901 N. Washington Street Suite 400		Amount 1702.93	
City State Zip Code Alexandria VA 22314		Transaction ID: D551899	
Purpose of Expenditure Media Production Cos- ts		Office Sought: <input checked="" type="checkbox"/> House State: AR <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Eric Alan Rick Crawford		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13240.92		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2012 [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Murphy Vogel Askew Reill		Date MM / DD / YYYY 06 / 24 / 2011	
Mailing Address 901 N. Washington Street Suite 400		Amount 1605.81	
City State Zip Code Alexandria VA 22314		Transaction ID: D551900	
Purpose of Expenditure Media Production Cos- ts		Office Sought: <input checked="" type="checkbox"/> House State: AR <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: John T. Griffin		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 20843.31		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2012 [MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Candace Bryan Abbey Signature		Date MM / DD / YYYY 07 / 31 / 2011	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) House Majority PAC		FEC IDENTIFICATION NUMBER ▼ C C00495028	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Murphy Vogel Askew Reill		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>06 / 24 / 2011</div> </div>	
Mailing Address 901 N. Washington Street Suite 400		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1205.85</div>	
City State Zip Code Alexandria VA 22314		Transaction ID: D551901	
Purpose of Expenditure Media Production Cos- ts		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Scott R. Tipton		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2012 [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Murphy Vogel Askew Reill		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>06 / 24 / 2011</div> </div>	
Mailing Address 901 N. Washington Street Suite 400		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1525.85</div>	
City State Zip Code Alexandria VA 22314		Transaction ID: D551902	
Purpose of Expenditure Media Production Cos- ts		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Steve King		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2012 [MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Candace Bryan Abbey Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>07 / 31 / 2011</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) House Majority PAC		FEC IDENTIFICATION NUMBER C C00495028	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Murphy Vogel Askew Reill		Date MM / DD / YYYY 06 / 24 / 2011	
Mailing Address 901 N. Washington Street Suite 400		Amount 1567.68	
City State Zip Code Alexandria VA 22314		Transaction ID: D551903	
Purpose of Expenditure Media Production Cos- ts		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Robert T. Schilling		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8569.18		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2012 [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Murphy Vogel Askew Reill		Date MM / DD / YYYY 06 / 24 / 2011	
Mailing Address 901 N. Washington Street Suite 400		Amount 1969.27	
City State Zip Code Alexandria VA 22314		Transaction ID: D551904	
Purpose of Expenditure Media Production Cos- ts		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Charles F. Bass		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 32821.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2012 [MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Candace Bryan Abbey Signature		Date MM / DD / YYYY 07 / 31 / 2011	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) House Majority PAC		FEC IDENTIFICATION NUMBER C C00495028	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Murphy Vogel Askew Reill		Date MM / DD / YYYY 06 / 24 / 2011	
Mailing Address 901 N. Washington Street Suite 400		Amount 1556.43	
City State Zip Code Alexandria VA 22314		Transaction ID: D551905	
Purpose of Expenditure Media Production Cos- ts		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Joe Heck		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 42293.76		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2012 [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee Murphy Vogel Askew Reill		Date MM / DD / YYYY 06 / 24 / 2011	
Mailing Address 901 N. Washington Street Suite 400		Amount 19643.21	
City State Zip Code Alexandria VA 22314		Transaction ID: D551906	
Purpose of Expenditure Media Production Cos- ts		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Raymond J. Cravaack		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 47376.11		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2012 [MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures		110276.36	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Candace Bryan Abbey Signature		Date MM / DD / YYYY 07 / 31 / 2011	